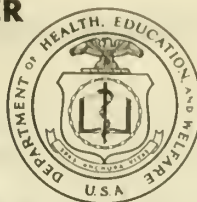


COMMUNICABLE DISEASE CENTER

Morbidity and Mortality



Vol. 14, No. 33

WEEKLY
REPORTWeek Ending
August 21, 1965

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

PLAGUE - New Mexico

A fourth case of human plague has been confirmed in New Mexico. The patient is a 3-1/2-year-old Indian girl who became ill on August 14, the main complaint being small blisters on the chest. The child's condition rapidly got worse, so she was taken to the Public Health Service Indian Hospital at Crownpoint, New Mexico, on August 16. On admission she had a temperature of 105°F with multiple small blisters on the chest wall. The blisters coalesced and ulcerated; later a right axillary bubo developed. *Pasteurella pestis* has been isolated from material from the ulcerated area and the bubo. The patient has responded well to streptomycin therapy.

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This child comes from a family of nomadic sheep herders who have been camping northeast of Crownpoint. The present site of the family camp is on the edge of a prairie dog "town" where there has recently been heavy rodent mortality. Specimens of dead prairie dogs and of fleas have been collected from the area and are under examination in the CDC Special Projects Laboratory.

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	33rd WEEK ENDED		MEDIAN 1960-1964	CUMULATIVE, FIRST 33 WEEKS		
	AUGUST 21, 1965	AUGUST 15, 1964		1965	1964	MEDIAN 1960-1964
Aseptic meningitis	53	88	93	1,048	1,114	1,167
Brucellosis	3	14	10	155	271	271
Diphtheria	6	5	5	96	165	244
Encephalitis, primary infectious	44	34	---	1,014	1,211	---
Encephalitis, post-infectious	7	14	---	504	658	---
Hepatitis, infectious including serum hepatitis	605	541	746	21,913	25,367	28,354
Measles	665	919	1,407	237,865	459,248	391,982
Meningococcal infections	24	26	30	2,217	1,858	1,487
Poliomyelitis, Total	1	1	25	35	65	389
Paralytic	1	1	23	28	54	297
Nonparalytic	—	—	---	7	8	---
Unspecified	—	—	---	—	3	---
Streptococcal Sore Throat and Scarlet fever	3,200	4,079	3,003	272,739	279,341	228,148
Tetanus	7	7	---	167	166	---
Tularemia	5	10	---	160	218	---
Typhoid fever	8	6	20	219	250	354
Rabies in Animals	60	81	63	2,975	2,970	2,509

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax	7	Rabies in Man	1
Botulism	11	Smallpox	—
Leptospirosis: N.C.-1, Ore.-1	25	Trichinosis	72
Malaria: Pa.-2	50	Typhus -	
Plague: N.M.-1	4	Murine	21
Psittacosis	30	Rky. Mt. Spotted: N.Y. Upstate 1, N.C.-3, La.-1, Pa.-2, Va.-5, Tenn.-1	188
Cholera	2		

PLAGUE – New Mexico

(Continued from front page)

Field investigations carried out in the areas from which the first three cases of human plague were notified (MMWR, Vol. 14, No. 30) have revealed extensive prairie dog mortality in the area of Prewett, New Mexico. A carcass picked up in this area on August 7 has yielded material positive for plague using the fluorescent antibody technique. There has also been widespread prairie dog mortality reported from the Navajo Indian Reserve in the Dilkon area of Arizona, due west of Gallup, New Mexico. A carcass of a prairie dog picked up at Dilkon on August 5 has also proved positive for plague.

Epidemiological investigations are continuing throughout the areas in New Mexico and Arizona which are affected by rodent mortality.

(Reported by Dr. Edwin O. Wicks, Director of Public Health, New Mexico Department of Public Health; Dr. H. Gordon Doran, State Epidemiologist, New Mexico Department of Public Health; Dr. Walker, Attending Physician, Public Health Service Indian Hospital, Crownpoint, New Mexico; Dr. Philip M. Hotchkiss, State Epidemiologist, Arizona State Department of Health; CDC Special Projects Laboratory and a team of EIS officers.)

SURVEILLANCE SUMMARY

MALARIA IN THE UNITED STATES – 1964

The Malaria Surveillance Report is prepared annually at the Communicable Disease Center and is based on information received on individual case forms submitted by State Health Departments. The terminology used to describe categories of cases of malaria is that recommended in the 10th Report of the World Health Organization Expert Committee on Malaria.

During 1964 there was a total of 171 cases of malaria reported, all but 3 of which were imported cases. Of the total, 152 cases were confirmed parasitologically. There were three deaths attributable to malaria, two being due to *Plasmodium falciparum* and one to *Plasmodium malariae*. Figure 1 shows the numbers of cases of malaria reported in the U.S. from 1933 to 1964.

This 1964 total of cases represents an 80 percent increase over the previous 8-year average. The numbers increased in the civilian population but decreased slightly in the military population (Figure 2). The majority of patients, in both civilian and military groups, were young adult males, reflecting the greater exposure of this age group to areas endemic for malaria. Merchant seamen were a notably high risk group, contributing 35 cases or 20 percent of the annual total. Five confirmed malaria infections were reported in Peace Corpsmen after their return to the United States. *Plasmodium vivax* was identified in 66.4 percent of the patients, an indication of the large number of infections from southeast Asia where this is the predominant parasite.

FIGURE 1

REPORTED MALARIA IN THE UNITED STATES, 1933-1964

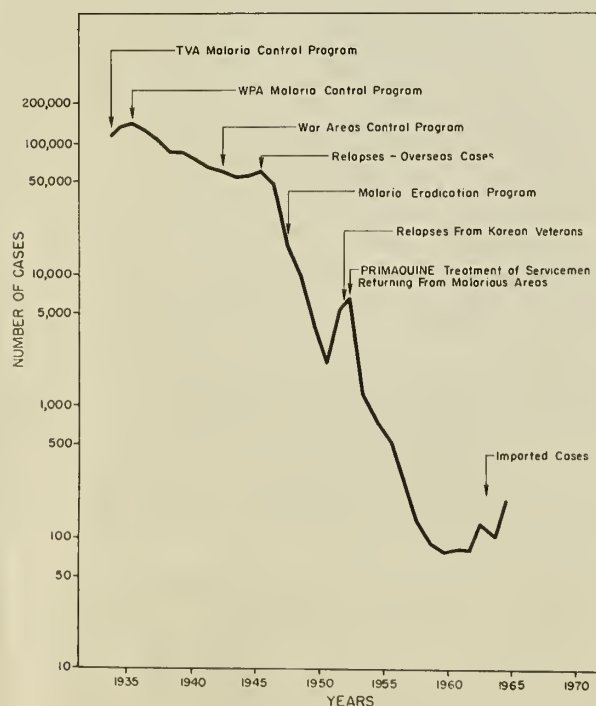
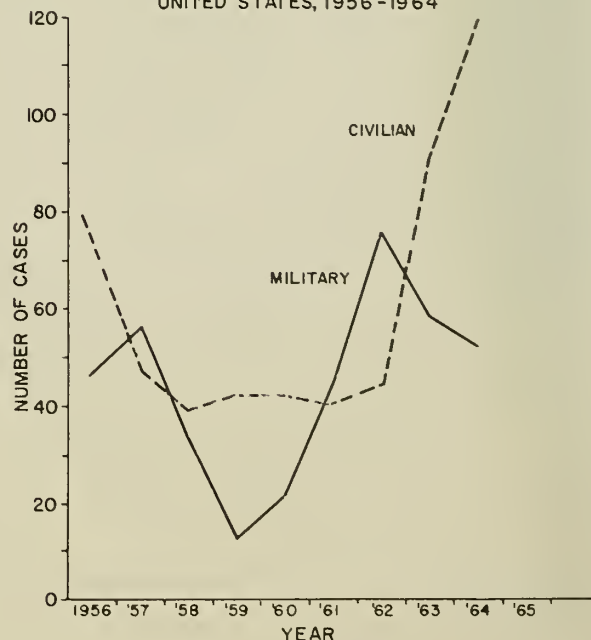


FIGURE 2

MILITARY AND CIVILIAN CASES OF MALARIA
UNITED STATES, 1956-1964



Three cases of malaria were reported during 1964 which appear to have originated in the United States. One seemed clearly to be an "introduced" case, the second an "induced" case through blood transfusion, and the third a "cryptic" case.

During 1964 there was clear documentation* in the U.S. of four chloroquine resistant *Plasmodium falciparum* malaria infections, each of which exhibited at least partial resistance to chloroquine. This phenomenon of

Plasmodium falciparum resistance to conventional anti-malarials has been previously detected in Brazil, Colombia, Malaysia, Thailand, South Vietnam, and West Africa.

(Reported by the Parasitic Disease Unit, Surveillance Section, CDC.)

*Legters, I. J., Wallace, D. R., Powell, R. D. and Pollack, S.: Apparent refractoriness to chloroquine, pyrimethamine and quinine in strains of *Plasmodium falciparum* from Vietnam. Milit Med 130, No. 2: 168-176, February 1965.

EPIDEMIOLOGIC NOTES AND REPORTS

MALARIA APPARENTLY INTRODUCED INTO THE UNITED STATES

An Account of Two Cases

The first documented introduction of malaria into the United States since 1957 occurred at Fort Benning, Georgia, in 1964. On July 10, 1964, an army wife developed an illness which was parasitologically confirmed as a *Plasmodium vivax* infection.

The epidemiological investigations that followed revealed that a 25-year-old soldier, who had served in South Korea, was in Fort Benning and suffering from chills and fever during the period June 3 to June 23, 1964. He had not reported sick during this time and he had frequented the area of the base in which the woman patient lived who developed the *vivax* infection about one month later. The soldier did not know the woman and it was only when he reported sick after leaving Fort Benning that his *vivax* infection was confirmed. At about the same time he was in Fort Benning, routine entomological activities had recovered both larval and adult forms of *Anopheles quadrimaculatus* in the same residential area.

The following year on May 22, 1965, another army wife developed an illness which was confirmed as being due to a *Plasmodium vivax* infection. At that time she was living about 15 miles away from Fort Benning. It transpired that in July 1964 she had been living in the

same residential area in the Fort as the first documented case. Further, on July 8, 1964, she had developed an undiagnosed febrile illness which lasted for about 10 days.

As far as could be ascertained, neither of these women, aged 23 and 18 respectively, had travelled or lived in an endemic malaria area. The possibilities of infection through blood transfusion or self-inoculation were both ruled out. Both lived in adequately screened houses with air-conditioning while in Fort Benning.

(Reported by Major Nowosiwsky, Chief of Preventive Medicine, Fort Benning, Georgia; Dr. J. E. McCroan, Epidemiology Branch, Georgia Department of Public Health; and a Field Epidemiologist from the Parasitic Disease Unit, CDC.)

[Editorial note: The Korean strain of *Plasmodium vivax* is known to exhibit incubation periods of 6 to 10 months in a certain percentage of cases (Brunetti, 1954)*. It is not improbable that the second case of *vivax* malaria reported in May 1965 was the subject of a prolonged incubation period, but it may have been due to a relapse.]

*Brunetti, Rosemary, Fritz, Roy F., and Hollister, Arthur C., Jr.: An outbreak of malaria in California, 1952-1953. Amer J Trop Med, Vol. 3, No. 5, September, 1954.

SALMONELLA ALLANDALE - Florida

On June 23 an isolate of *Salmonella allandale* was obtained from a 7-month-old female living in Orlando, Florida, who had been ill for 5 days with a high fever of up to 104° F, general malaise, and bloody diarrhea.

There was no history of travel by the child or of close contact with persons outside the family before the illness started. The child's diet immediately prior to the illness consisted solely of canned baby foods, cereals, and evaporated milk.

Specimens were obtained from all members of the child's family and from a pet dog in the house. However,

all were negative on culture and no source of the infection could be determined. Nevertheless, it is of interest in that this is only the second recorded isolation of this *Salmonella* serotype. The first, isolated during 1948, was from an asymptomatic food handler in Allandale, Florida, which is only 52 miles from Orlando.

(Reported by Dr. Wilfred N. Sisk, Director, Orange County Health Department; Dr. E. Charlton Prather, Director, Division of Epidemiology, Florida State Board of Health; and a team from the CDC.)

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

AUGUST 21, 1965 AND AUGUST 15, 1964 (33rd WEEK)

[illegible]

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

AUGUST 21, 1965 AND AUGUST 15, 1964 (33rd WEEK) - Continued

Area	Brucel- losis	Infectious Hepatitis including Serum Hepatitis					Meningococcal Infections			Tetanus	
		Total incl. unk.	Under 20 years	20 years and over	Cumulative Totals		1965	Cumulative		1965	Cum. 1965
		1965	1965	1965	1965	1964		1965	1964		
UNITED STATES...	3	605	255	317	21,913	25,367	24	2,217	1,858	7	167
NEW ENGLAND.....	-	29	13	15	1,290	2,415	1	112	50	-	5
Maine.....	-	5	5	-	244	787	-	16	5	-	-
New Hampshire.....	-	2	-	2	123	177	-	7	1	-	1
Vermont.....	-	2	-	2	71	306	-	6	1	-	-
Massachusetts.....	-	13	6	6	506	507	1	36	20	-	3
Rhode Island.....	-	1	1	-	152	125	-	14	8	-	-
Connecticut.....	-	6	1	5	194	513	-	33	15	-	1
MIDDLE ATLANTIC.....	-	122	39	83	3,901	5,692	4	293	242	-	10
New York City.....	-	33	9	24	769	864	-	51	33	-	-
New York, Up-State.....	-	34	13	21	1,502	2,532	1	81	69	-	4
New Jersey.....	-	32	6	26	738	1,003	1	77	84	-	-
Pennsylvania.....	-	23	11	12	892	1,293	2	84	56	-	6
EAST NORTH CENTRAL...	1	100	43	45	4,168	3,931	6	303	256	1	21
Ohio.....	-	30	11	16	1,158	1,039	2	81	68	1	2
Indiana.....	-	5	2	2	371	345	-	39	39	-	6
Illinois.....	1	16	8	7	788	703	2	81	65	-	8
Michigan.....	-	42	21	18	1,592	1,547	1	66	57	-	2
Wisconsin.....	-	7	1	2	259	297	1	36	27	-	3
WEST NORTH CENTRAL...	-	18	9	8	1,308	1,370	1	111	116	1	16
Minnesota.....	-	5	2	2	134	143	-	22	26	-	7
Iowa.....	-	6	5	1	475	198	-	7	6	-	3
Missouri.....	-	2	-	2	280	342	1	51	55	1	2
North Dakota.....	-	-	-	-	18	52	-	8	15	-	-
South Dakota.....	-	-	-	-	17	112	-	2	-	-	-
Nebraska.....	-	1	1	-	47	35	-	10	6	-	2
Kansas.....	-	4	1	3	337	488	-	11	8	-	2
SOUTH ATLANTIC.....	1	58	20	36	2,248	2,390	3	427	383	1	39
Delaware.....	-	-	-	-	59	46	-	6	6	-	-
Maryland.....	-	7	3	4	405	448	2	42	25	-	1
Dist. of Columbia..	-	2	1	1	30	40	-	8	12	-	-
Virginia.....	-	14	5	9	506	374	1	50	46	-	7
West Virginia.....	-	9	6	3	344	368	-	24	27	-	1
North Carolina.....	1	5	-	5	209	417	-	82	67	-	5
South Carolina.....	-	4	1	2	93	90	-	57	49	1	4
Georgia.....	-	-	-	-	84	60	-	53	53	-	4
Florida.....	-	17	4	12	518	547	-	105	98	-	17
EAST SOUTH CENTRAL...	1	59	36	18	1,565	1,770	4	176	157	1	23
Kentucky.....	-	18	10	3	541	687	1	69	53	-	6
Tennessee.....	-	19	13	6	538	601	3	54	52	-	7
Alabama.....	1	7	5	2	280	319	-	33	34	-	8
Mississippi.....	-	15	8	7	206	163	-	20	18	1	2
WEST SOUTH CENTRAL...	-	53	21	30	1,924	1,908	-	301	221	-	33
Arkansas.....	-	10	8	2	258	190	-	14	19	-	8
Louisiana.....	-	8	1	7	325	439	-	168	109	-	5
Oklahoma.....	-	2	1	1	47	99	-	18	7	-	1
Texas.....	-	33	11	20	1,294	1,180	-	101	86	-	19
MOUNTAIN.....	-	29	8	11	1,267	1,557	-	68	65	-	3
Montana.....	-	1	1	-	91	140	-	2	-	-	-
Idaho.....	-	5	-	-	170	189	-	8	3	-	-
Wyoming.....	-	-	-	-	35	48	-	5	5	-	-
Colorado.....	-	14	7	7	269	425	-	13	11	-	2
New Mexico.....	-	2	-	1	267	221	-	10	26	-	-
Arizona.....	-	4	-	-	260	355	-	16	5	-	1
Utah.....	-	3	-	3	168	129	-	12	7	-	-
Nevada.....	-	-	-	-	7	50	-	2	8	-	-
PACIFIC.....	-	137	66	71	4,242	4,334	5	426	368	3	17
Washington.....	-	6	3	3	330	473	-	33	29	-	-
Oregon.....	-	7	4	3	355	479	-	30	21	-	3
California.....	-	123	58	65	3,354	3,163	5	340	299	3	14
Alaska.....	-	-	-	-	170	131	-	16	7	-	-
Hawaii.....	-	1	1	-	33	88	-	7	12	-	-
Puerto Rico	-	25	24	1	889	658	-	5	30	3	30

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

AUGUST 21, 1965 AND AUGUST 15, 1964 (33rd WEEK) - Continued

Area	Measles			Strept. Sore Th. & Scarlet Fev.	Tularemia		Typhoid Fever		Rabies in Animals		
	1965	Cumulative			1965	1965	Cum. 1965	1965	Cum. 1965	1965	Cum. 1965
		1965	1964								
UNITED STATES...	665	237,865	459,248	3,200	5	160	8	249	60	2,975	
NEW ENGLAND.....	41	36,722	16,663	292	-	-	-	4	-	36	
Maine.....	5	2,786	2,927	39	-	-	-	-	-	3	
New Hampshire.....	-	381	248	2	-	-	-	-	-	1	
Vermont.....	-	1,246	2,302	17	-	-	-	-	-	29	
Massachusetts.....	31	19,269	5,203	24	-	-	-	3	-	2	
Rhode Island.....	1	3,897	1,919	5	-	-	-	1	-	-	
Connecticut.....	4	9,143	4,064	205	-	-	-	-	-	1	
MIDDLE ATLANTIC.....	93	14,532	51,963	115	-	-	-	42	2	118	
New York City.....	34	2,282	15,261	5	-	-	-	20	-	-	
New York, Up-State.	40	4,084	12,638	71	-	-	-	11	2	106	
New Jersey.....	9	2,512	12,158	34	-	-	-	4	-	-	
Pennsylvania.....	10	5,654	11,906	5	-	-	-	7	-	12	
EAST NORTH CENTRAL...	196	55,046	102,347	251	-	11	-	33	4	453	
Ohio.....	21	8,843	19,555	39	-	-	-	8	-	234	
Indiana.....	10	1,801	22,654	69	-	4	-	8	1	48	
Illinois.....	13	2,602	16,580	17	-	5	-	8	1	76	
Michigan.....	50	26,240	28,769	72	-	1	-	4	-	45	
Wisconsin.....	102	15,560	14,789	54	-	1	-	5	2	50	
WEST NORTH CENTRAL...	8	16,391	30,178	129	-	17	1	8	14	615	
Minnesota.....	-	625	331	-	-	1	-	-	5	128	
Iowa.....	2	8,971	23,287	22	-	-	-	1	5	175	
Missouri.....	2	2,580	1,012	3	-	12	1	6	-	84	
North Dakota.....	4	3,654	4,711	55	-	-	-	-	-	38	
South Dakota.....	-	112	25	6	-	2	-	-	-	44	
Nebraska.....	-	449	812	-	-	-	-	1	-	33	
Kansas.....	NN	NN	NN	43	-	2	-	-	4	113	
SOUTH ATLANTIC.....	83	24,394	38,020	357	-	29	1	51	1	406	
Delaware.....	1	502	404	2	-	-	-	4	-	-	
Maryland.....	12	1,146	3,395	28	-	-	-	15	-	15	
Dist. of Columbia..	-	73	353	-	-	-	-	-	-	-	
Virginia.....	20	3,820	12,679	74	-	6	-	3	-	268	
West Virginia.....	38	13,511	8,523	121	-	-	-	3	-	20	
North Carolina.....	-	378	1,152	11	-	6	-	14	-	2	
South Carolina.....	2	1,009	4,226	36	-	3	1	6	-	2	
Georgia.....	1	613	181	-	-	14	-	2	-	45	
Florida.....	9	3,342	7,107	85	-	-	-	4	1	54	
EAST SOUTH CENTRAL...	24	13,596	67,354	579	-	18	1	24	17	658	
Kentucky.....	2	2,409	18,416	50	-	3	-	6	-	64	
Tennessee.....	14	7,785	23,929	475	-	14	-	8	9	566	
Alabama.....	1	2,294	18,327	31	-	1	1	6	-	14	
Mississippi.....	7	1,108	6,682	23	-	-	-	4	8	14	
WEST SOUTH CENTRAL...	97	30,529	71,634	480	4	63	2	36	6	462	
Arkansas.....	-	1,081	1,105	1	2	41	-	12	2	67	
Louisiana.....	1	104	100	-	1	3	-	5	-	66	
Oklahoma.....	-	202	1,011	12	1	9	-	2	3	85	
Texas.....	96	29,142	69,418	467	-	10	2	17	1	244	
MOUNTAIN.....	67	19,548	18,304	656	-	15	2	23	5	63	
Montana.....	6	3,696	2,998	23	-	4	-	1	2	5	
Idaho.....	22	2,761	1,896	86	-	-	-	-	-	-	
Wyoming.....	-	841	245	16	-	3	-	1	-	-	
Colorado.....	12	5,600	3,155	242	-	-	-	-	-	8	
New Mexico.....	-	674	438	152	-	-	-	9	-	11	
Arizona.....	18	1,277	6,582	55	-	-	2	10	3	38	
Utah.....	9	4,496	2,002	82	-	8	-	-	-	1	
Nevada.....	-	203	988	-	-	-	-	2	-	-	
PACIFIC.....	56	27,107	62,785	341	1	7	1	28	11	164	
Washington.....	6	7,213	19,963	51	-	-	-	2	1	7	
Oregon.....	10	3,176	8,550	4	1	3	-	3	1	5	
California.....	33	12,820	32,705	262	-	4	1	22	9	150	
Alaska.....	-	170	1,081	8	-	-	-	-	-	2	
Hawaii.....	7	3,728	486	16	-	-	-	1	-	-	
Puerto Rico	29	2,298	5,717	4	-	-	1	6	-	12	

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WEEK ENDING 33

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED AUGUST 21, 1965

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	679	397	41	31	SOUTH ATLANTIC:	1,070	546	52	73
Boston, Mass.-----	205	99	8	13	Atlanta, Ga.-----	118	50	3	7
Bridgeport, Conn.-----	52	32	4	5	Baltimore, Md.-----	241	112	8	9
Cambridge, Mass.-----	31	26	-	-	Charlotte, N. C.-----	41	20	2	3
Fall River, Mass.-----	25	19	1	1	Jacksonville, Fla.-----	49	19	5	6
Hartford, Conn.-----	36	19	1	1	Miami, Fla.-----	84	48	1	7
Lowell, Mass.-----	21	13	-	1	Norfolk, Va.-----	49	30	5	3
Lynn, Mass.-----	21	15	3	1	Richmond, Va.-----	89	46	1	14
New Bedford, Mass.-----	30	20	3	-	Savannah, Ga.-----	32	15	4	1
New Haven, Conn.-----	58	36	4	2	St. Petersburg, Fla.-----	69	57	4	1
Providence, R. I.-----	52	31	2	2	Tampa, Fla.-----	80	50	11	4
Somerville, Mass.-----	8	4	-	-	Washington, D. C.-----	177	76	6	13
Springfield, Mass.-----	44	25	7	-	Wilmington, Del.-----	41	23	2	5
Waterbury, Conn.-----	35	22	-	2					
Worcester, Mass.-----	61	36	8	3	EAST SOUTH CENTRAL:	626	321	33	56
MIDDLE ATLANTIC:	3,178	1,855	140	159	Birmingham, Ala.-----	96	49	3	11
Albany, N. Y.-----	50	31	1	1	Chattanooga, Tenn.-----	42	22	3	2
Allentown, Pa.-----	30	24	1	1	Knoxville, Tenn.-----	32	17	-	2
Buffalo, N. Y.-----	146	96	3	6	Louisville, Ky.-----	144	76	17	15
Camden, N. J.-----	30	20	2	3	Memphis, Tenn.-----	141	67	4	12
Elizabeth, N. J.-----	64	36	-	2	Mobile, Ala.-----	43	22	1	2
Erie, Pa.-----	31	23	1	-	Montgomery, Ala.-----	28	16	4	5
Jersey City, N. J.-----	70	38	7	3	Nashville, Tenn.-----	100	52	1	7
Newark, N. J.-----	67	29	1	3					
New York City, N. Y.-----	1,631	903	73	94	WEST SOUTH CENTRAL:	998	486	24	71
Paterson, N. J.-----	34	23	2	2	Austin, Tex.-----	37	20	5	1
Philadelphia, Pa.-----	502	305	21	18	Baton Rouge, La.-----	28	13	-	6
Pittsburgh, Pa.-----	164	93	4	8	Corpus Christi, Tex.-----	20	6	-	2
Reading, Pa.-----	48	32	7	-	Dallas, Tex.-----	151	68	2	11
Rochester, N. Y.-----	107	80	9	5	El Paso, Tex.-----	25	15	1	1
Schenectady, N. Y.-----	24	17	2	1	Fort Worth, Tex.-----	62	30	2	4
Scranton, Pa.-----	32	20	1	1	Houston, Tex.-----	178	78	3	12
Syracuse, N. Y.-----	55	34	-	6	Little Rock, Ark.-----	55	29	-	1
Trenton, N. J.-----	46	21	2	2	New Orleans, La.-----	157	72	2	14
Utica, N. Y.-----	28	20	3	3	Oklahoma City, Okla.-----	82	45	1	4
Yonkers, N. Y.-----	19	10	-	-	San Antonio, Tex.-----	121	60	4	11
EAST NORTH CENTRAL:	2,430	1,340	79	161	Shreveport, La.-----	49	32	3	4
Akron, Ohio.-----	49	21	1	3	Tulsa, Okla.-----	33	18	1	-
Canton, Ohio.-----	39	26	4	1	MOUNTAIN:	383	217	11	19
Chicago, Ill.-----	746	396	25	45	Albuquerque, N. Mex.-----	42	22	3	-
Cincinnati, Ohio.-----	141	89	3	6	Colorado Springs, Colo.-----	22	12	-	2
Cleveland, Ohio.-----	176	96	5	5	Denver, Colo.-----	110	61	3	8
Columbus, Ohio.-----	123	68	1	15	Ogden, Utah.-----	18	10	3	2
Dayton, Ohio.-----	64	41	-	4	Phoenix, Ariz.-----	84	46	2	1
Detroit, Mich.-----	324	174	5	21	Pueblo, Colo.-----	14	10	-	-
Evansville, Ind.-----	35	25	1	1	Salt Lake City, Utah.-----	49	29	-	3
Flint, Mich.-----	53	28	7	2	Tucson, Ariz.-----	44	27	-	3
Fort Wayne, Ind.-----	38	26	6	1	PACIFIC:	1,454	874	36	65
Gary, Ind.-----	47	25	4	4	Berkeley, Calif.-----	24	15	-	-
Grand Rapids, Mich.-----	47	31	3	1	Fresno, Calif.-----	49	33	3	1
Indianapolis, Ind.-----	141	70	2	7	Glendale, Calif.-----	34	25	-	1
Madison, Wis.-----	35	14	-	4	Honolulu, Hawaii-----	37	21	1	1
Milwaukee, Wis.-----	108	51	3	19	Long Beach, Calif.-----	71	43	-	1
Peoria, Ill.-----	35	17	-	4	Los Angeles, Calif.-----	505	309	21	26
Rockford, Ill.-----	37	21	6	6	Oakland, Calif.-----	70	38	1	3
South Bend, Ind.-----	34	23	2	1	Pasadena, Calif.-----	44	28	1	1
Toledo, Ohio.-----	97	56	1	8	Portland, Oreg.-----	83	42	1	6
Youngstown, Ohio.-----	61	42	-	3	Sacramento, Calif.-----	72	34	2	6
WEST NORTH CENTRAL:	845	488	31	49	San Diego, Calif.-----	83	50	-	7
Des Moines, Iowa*-----	60	37	2	3	San Francisco, Calif.-----	162	87	3	4
Duluth, Minn.-----	31	23	-	-	San Jose, Calif.-----	21	13	1	-
Kansas City, Kans.-----	35	18	4	5	Seattle, Wash.-----	118	74	2	4
Kansas City, Mo.-----	126	79	6	4	Spokane, Wash.-----	49	38	-	4
Lincoln, Nebr.-----	31	21	3	3	Tacoma, Wash.-----	32	24	-	-
Minneapolis, Minn.-----	144	84	2	9					
Omaha, Nebr.-----	65	36	1	4	Total	11,663	6,524	447	684
St. Louis, Mo.-----	235	131	4	13	Cumulative Totals				
St. Paul, Minn.-----	68	38	4	4	including reported corrections for previous weeks				
Wichita, Kans.-----	50	21	5	4	All Causes, All Ages -----	412,443			
					All Causes, Age 65 and over-----	233,172			
					Pneumonia and Influenza, All Ages-----	17,344			
					All Causes, Under 1 Year of Age-----	24,489			

*Estimate - based on average percent of divisional total.

INTERNATIONAL NOTES - QUARANTINE MEASURES

Cholera Vaccination

The Division of Foreign Quarantine advises that as of August 23, cholera is reported officially in Afghanistan, Bahrein, Burma, India, Pakistan, Philippines, Thailand and Vietnam. It is important that all persons who plan to travel or transit in these countries should have been vaccinated against cholera in the past six months and be in possession of a valid International Certificate of Vaccination or Revaccination Against Cholera. Otherwise they may encounter delays in quarantine at ports of entry to those countries where there are declared cholera-infected local areas. This also applies especially at ports of entry to countries contiguous to those declared infected.

In the United States the standard course for immunization against cholera is two injections with at least a seven-day interval between the two. Following on a standard course a booster dose should be obtained every six months to maintain the validity of an International Certificate. If more than six months has elapsed since vaccination, only one booster injection is required but the Certificate is not immediately valid.

The International Certificate of Vaccination or Revaccination Against Cholera is valid for a period of six months beginning six days after the first injection of a standard course. If revaccination is within six months of a previous vaccination, the Certificate is revalidated on the date of the booster injection. If more than six months has elapsed before revaccination, only one injection is required but the Certificate is not valid until six days have elapsed. It is wise to keep old Certificates to assist quarantine authorities to assess the vaccination status of the traveller.

It is important that the information on a Certificate should be complete and follow the wording of the International form. The written signature of the physician giving the immunization should be clearly shown on the Certificate which must also be stamped by the Local or State Health Officer of the area in which the physician who has given the immunization practices.

Failure to comply with these International requirements may result in the traveller from a cholera-infected area being either refused admission to another country by the quarantine authorities or being placed in quarantine for six days at his or her own expense.

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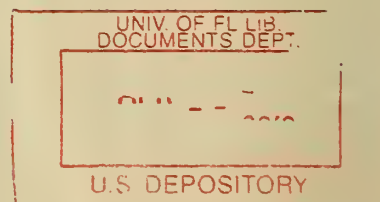
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IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
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NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE CDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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